

## Penal Procedure

### FORM D

IN THE DISTRICT COURT OF THE _____ CIRCUIT _____ DIVISION	WAIVER OF PHYSICAL PRESENCE; SUBMISSION OF PLEA; PRO SE DEFENDANT	Case Number:
STATE OF HAWAII vs. (DEFENDANT)		Police Report Number:
CHARGE(S): VIOLATION OF H.R.S. SECTION(S)		AMENDED CHARGE(S):

In accordance with Rule 43, Hawai'i Rules of Penal Procedure:

1. I am proceeding without an attorney and I have full knowledge of the following:

(Each box must be initialed by Defendant).

- ☐ The complaint(s) and/or oral charge(s) set(s) out what the State claims I did. I have read the complaint(s) and/or was present in Court when the oral charge(s) was (were) read. I know the State must prove what is stated in the charge(s) or complaint(s) in order to convict me.
- ☐ I understand the charge(s) against me.
- ☐ I understand that I have the right to be present at the arraignment, at pretrial proceedings, at the time I enter my plea and at my sentencing. I voluntarily waive (give up) my right to be present at all of these proceedings. I also give up my right to be questioned in open court.
- ☐ I understand that by pleading I give up my right to a speedy and public trial by the court or by a jury if, the law so provides. I know that in a trial, the government is required to prove my guilty beyond a reasonable doubt, that I can see, hear and question witnesses who testify against me, and that I can call my own witnesses to testify for me. I also understand that I have the right to take the stand to testify or I have the right not to testify at trial.
- ☐ I understand that an attorney can help me: (a) investigate my case, call witnesses, and obtain evidence; (b) research the law and present legal issues on my behalf and present defenses to the charge(s); (c) know and explain courtroom procedures and argue my case; and (d) negotiate with the Prosecuting Attorney for a reduced charge or lesser sentence. I understand that, if I waive my right to an attorney, I give up that assistance and will have to do these things by myself.
- ☐ I understand my right to be represented by an attorney. I can either hire my own attorney or ask the court to appoint one if so required. I choose not to give up my right to a lawyer and I desire to represent myself.
- ☐ My mind is clear. I am not ill. I did not take any unprescribed medication, alcohol or any illegal drugs within 48 hours prior to signing this document, except \_\_\_\_\_ which does not affect my ability to understand this document.
- ☐ I understand that the maximum penalties are: \$\_\_\_\_\_ fine or \_\_\_\_\_ days/months/year in jail or both. (If you are being prosecuted for multiple offenses, complete the attached form)

2. (INITIAL ONE) I plead: ☐ GUILTY OR ☐ NO CONTEST  
(INITIAL ONE) to the: ☐ ORIGINAL OR ☐ AMENDED charge(s) listed above.

2. My birth date is \_\_\_\_\_ (m/d/y) and I am \_\_\_\_\_ years old.  
My social security number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.  
I have completed \_\_\_\_\_ years of education.  
I speak, read, write, and understand the English language. If this document was interpreted, it shall include the language interpreted, the interpreter's name, and the interpreter's signature.

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Case Number: \_\_\_\_\_

4. INITIAL ONE: I ☐ am ☐ am not on probation or parole; I know that this plea might provide a basis for revocation of my probation or parole.
5. I offer my plea freely and voluntarily and with full understanding of all the matters set forth in the complaint. No one is pressuring or threatening me or anyone close to me to force me to plead. I am not taking the blame or pleading to protect someone else from prosecution.
6. INITIAL ONE:  
☐ I plead GUILTY because (Give a brief factual statement of what you did):  
  
☐ I plead NO CONTEST because I do not wish to contest the charge(s) against me.
7. I understand that the Prosecuting Attorney may provide reports or information to establish a factual basis for the plea and/or for sentencing recommendations.
8. I have reached the following agreement with the Prosecuting Attorney (give a brief statement):  
  
INITIAL ONE:  
☐ I understand that the court is not bound by this agreement. If the court does not follow the agreement, I cannot withdraw my plea.  
☐ No one has promised me any kind of deal or favor or leniency if I plead.
9. I have full knowledge of the following: (Each box must be initialed)  
☐ I consent to the court imposing sentence without me being present and without me making a statement. I waive (give up) the right to have a presentence report presented to the court, if required by law. I further understand that non-compliance with the court's judgment or order will result in the issuance of a bench warrant, subjecting me to being arrested and having to appear in court.  
☐ I understand that if I am not a citizen of the United States, a conviction of this or these offenses may result in deportation, exclusion from admission to the United States, or denial of naturalization.  
☐ I declare under penalty of perjury, that I am the person charged with the offense(s) listed above and affix my fingerprint hereto.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Signature of Defendant: \_\_\_\_\_

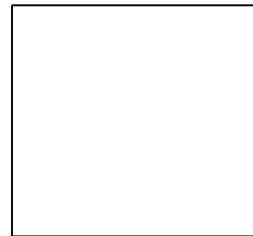
Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Language Interpreted: \_\_\_\_\_

Interpreter's Name: \_\_\_\_\_

Signature of Interpreter: \_\_\_\_\_

Defendant must affix right thumbprint in  
above box with black ink

Prosecutor

- ☐ Objects  
☐ Does not object  
☐ Takes no position

Approved and so ordered:

\_\_\_\_\_  
Judge of the Above Entitled Court

(Date)